

**THE UNITED REPUBLIC OF TANZANIA
ARCHITECTS AND QUANTITY SURVEYORS REGISTRATION BOARD**



APPLICATION FORM FOR ANNUAL PRACTICING LICENCE
(Under The Architects and Quantity Surveyors (Registration) Act No.4, 2010)

New Application / Renewal (Put ✓ on the appropriate box)

Year of practice: _____

1. PARTICULARS OF FIRM:

Name of Firm: _____
P. O. Box _____ (City/Town/Other): _____
Telephone: _____ Email: _____
Physical Address: _____

2. PARTICULARS OF REGISTERED PERSONS IN THE FIRM:

List of Registered persons in the firm:

(i) Name: _____ Specialization: _____ Mob: _____ Email: _____
(ii) Name: _____ Specialization: _____ Mob: _____ Email: _____
(iii) Name: _____ Specialization: _____ Mob: _____ Email: _____
(iv) Name: _____ Specialization: _____ Mob: _____ Email: _____

3. REQUIREMENTS FOR ANNUAL PRACTICE LICENCE:

(i) Evidence of number of CPD points attained by registered persons in the firm (Attach supporting documents)
(ii) Evidence of Annual Subscription Fee Payment by registered persons and the firm (Attach Evidence of Payment)
(iii) Evidence of Valid Professional Indemnity Insurance Cover by the firm (Attach Copy)
(iv) Evidence of AAT / TIQS Active Membership for registered persons in the firm (Attach Evidence of Payment of Subscription Fee)
(v) Evidence of payment of annual practicing Fee by the firm (Attach Evidence of Payment of annual Fee)

4. DECLARATION:

I, on behalf of the firm hereby apply for annual practicing license and undertake to abide by all provisions of the Architects and Quantity Surveyors (Registration) Act No.4, 2010 and any regulations and By-laws made there under including Code conduct and of Ethics. I certify that, to the best of my knowledge, the information contained herein is true and correct.

Name: _____ Signature _____ Date: _____

Position: _____